

Civil Action No.

2023 MAR 24 AM 9:13

PROOF OF SERVICE

U.S. DISTRICT COURT
MIDDLE DISTRICT OF TN

This summons for (name of individual and title, if any) SHEILA JACKSON-LEE

was received by me on (date) 03/16/2023

 I personally served the summons on the individual at (place)

on (date) _____; or

 I left the summons at the individual's residence or usual place of abode with (name) _____, a person of suitable age and discretion who resides there,

on (date) _____, and mailed a copy to the individual's last known address; or

 I served the summons on (name of individual) _____, who is

designated by law to accept service of process on behalf of (name of organization) _____

on (date) _____; or

 I returned the summons unexecuted because _____; or Other (specify): SERVED UPON DEFENDANT VIA PRIORITY MAIL AND CERTIFIED MAIL
W/RETURNED RECEIPT

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 03/24/2023



Stephen C. Maxwell
Server's signature

STEPHEN C. MAXWELL, PLAINTIFF

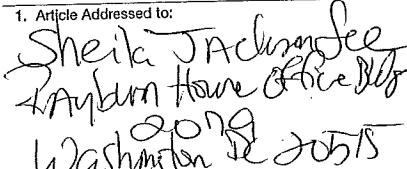
Printed name and title

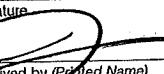
5331 MT. VIEW ROAD/#166
ANTIOCH, TN 37013
629-772-1587

Server's address

Additional information regarding attempted service, etc:

CERTIFIED MAIL# 7021095000002850830
RETURN CARD# 9590 9402 6962 1225 2969 89

SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete Items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	
1. Article Addressed to:  9590 9402 6962 1225 2969 89	
	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

- | | |
|--|---|
| 3. Service Type | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

2. Article Number (Transfer from service label)
7021 0950 0000 0285 0830

Domestic Return Receipt